

CHARLES COUNTY, MARYLAND
Internal Audit Office
Fraud, Waste or Abuse Reporting Form

Tell us about the problem

Please complete the form below. To correctly review your allegation, it is important to provide as many details as possible, including who, what, when, where, why and how.

Type of Suspected Fraud Waste or Abuse:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Computer Misuse | <input type="checkbox"/> Falsifying records | <input type="checkbox"/> Misuse of equipment | <input type="checkbox"/> Payroll fraud |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Insurance fraud | <input type="checkbox"/> Safety | <input type="checkbox"/> Payroll abuse |
| <input type="checkbox"/> Procurement violation | <input type="checkbox"/> Theft | <input type="checkbox"/> Personnel fraud | <input type="checkbox"/> Other (describe below) |

County Department/Agency: _____

Name of Person, if known: _____

When did it occur? _____

Estimated Amount of Loss: ☐ \$0-\$500 ☐ \$10,000-\$50,000 ☐ More than \$500,000
 ☐ \$500-\$1,000 ☐ \$50,000-\$100,000
 ☐ \$1,000-\$10,000 ☐ \$100,000-\$500,000

Description of the Fraud, Waste or Loss: _____

How can we reach you?

To thoroughly review this report, we may want to contact you for additional information. We will take appropriate precautions to keep your report confidential. If we may contact you, please include specific instructions on how to contact you. Indicate the best time to reach you and whether you would prefer to be contacted at home or at work.

May we contact you? ☐ Yes, but keep my report confidential ☐ No, I would like to stay anonymous.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email address: _____

Contact Instructions: _____

Please return this form to the Internal Audit Office by e-mail, mail, or in person.

Internal Audit Office
200 Baltimore Street
La Plata, MD 20646
Phone: 301-645-0644
E-mail: simpsonj@charlescountymd.gov